

# CHILD CARE GROUP HOME

## DOCUMENTATION OF ACCIDENT, EMERGENCY OR SERIOUS INJURY

R9-3-315 & R9-3-302.C.22

DATE	TIME OF INCIDENT	NAME OF CHILD	CIRCUMSTANCES OF INCIDENT	LOCATION OF INCIDENT	TREATMENT PROVIDED	METHOD USED TO CONTACT PARENT	TIME PARENT OR EMT NOTIFIED	DATE & TIME ADHS/OCCL NOTIFIED